

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #
 1. Corporation Name
824470
DEUTSCHE FINANCIAL SERVICES CORPORATION

Principal Place of Business Mailing Address
655 MARYVILLE CENTRE DR. **SAME**
ST. LOUIS, MO 63141-5832

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		4/30/1970	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				41-0954316	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT Corporation System 1200 S. PINK ISLAND ROAD PLANTATION, FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature (typed or printed name of registered agent) and (if not applicable) (NOT Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERT M. MARTIN			1.2 NAME			
STREET ADDRESS	415 CONWAY PINE COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63141			1.4 CITY-ST-ZIP			
TITLE	SUP S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARD C. GOLDMAN			2.2 NAME			
STREET ADDRESS	14711 KULKARNI COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHASSTERFIELD, MO 63017			2.4 CITY-ST-ZIP			
TITLE	SUP T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARD H. SCHUMACHER			3.2 NAME			
STREET ADDRESS	2 HICKORY HILL COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	FARISTELL, MO 63348			3.4 CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIP PASANO			4.2 NAME			
STREET ADDRESS	9766 GRANDVIEW			4.3 STREET ADDRESS			
CITY-ST-ZIP	OLIVETTE, MO 63132			4.4 CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS J. GRAHWALL			5.2 NAME			
STREET ADDRESS	1305 CASTLEMAN DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	SMYRNA, GA 30080			5.4 CITY-ST-ZIP			
TITLE	AVP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAFFERY L. McCoy			6.2 NAME			
STREET ADDRESS	295 TIMBER ROCK LAKE			6.3 STREET ADDRESS			
CITY-ST-ZIP	WILDWOOD, MO 63011			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Jessie Mickam** **314 523-3000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)